



COMMUNITY DEVELOPMENT BLOCK GRANT CLIENT DEMOGRAPHIC REPORT

AGENCY NAME: _____

REPORTING PERIOD: _____

DATE PREPARED: _____

PREPARED BY: _____

PHONE: _____

1. Please provide an unduplicated number of persons served by the program.

TOTAL UNDUPLICATED CLIENTS SERVED DURING REPORTING PERIOD			
ETHNICITY	Total Clients Served	Total Hispanic or Latino	Total Not Hispanic or Latino
American Indian or Alaska Native			
Black or African American			
Native Hawaiian or Other Pacific Islander			
Asian			
White			
American Indian or Alaska Native <i>and</i> White			
Asian <i>and</i> White			
Black or African American <i>and</i> White			
Other			
INCOME LEVELS			
Very Low-Income	Low-Income	Moderate-Income	Non Moderate-Income

TOTAL UNDUPLICATED CLIENTS SERVED FOR CONTRACT YEAR			
ETHNICITY	Total Clients Served	Total Hispanic or Latino	Total Not Hispanic or Latino
American Indian or Alaska Native			
Black or African American			
Native Hawaiian or Other Pacific Islander			
Asian			
White			
American Indian or Alaska Native <i>and</i> White			
Asian <i>and</i> White			
Black or African American <i>and</i> White			
Other			
INCOME LEVELS			
Very Low-Income	Low-Income	Moderate-Income	Non Moderate-Income

2. Please attach HUD Activity Report.